

# FORM 5: CHANGE IN SERVICE NEEDS, CHANGE OF ADDRESS, AND CASE CLOSING FORM (Form 5A Query)

Participant Name: \_\_\_\_\_

Participant ID Number: Last change in First MI  
Participant IDType of Action: ☐ 1. Change in Service Needs  
☐ 2. Address Changes ☐ 3. Case Closing

**CHANGE IN SERVICE NEEDS (\*\*Note: Use  
"N" to Indicate New Service Need and  
"D" to Indicate Dropped Service Need)**

**A. Education/Training/Job Placement Needs:**

1. Primary Education, Basic Skills, Pre-GED 5QA01 Primary Education
2. Secondary Education/GED Preparation 5QA02 Secondary Education
3. Post-Secondary Education 5QA03 Post Secondary Education
4. English as a Second Language (ESL) 5QA04 English as a Second Language
5. Job Club/Job Search 5QA05 Job Club/ Job Search
6. Job Referrals 5QA06 Job Referrals
7. OJT/Apprenticeship/Subsidized Job 5QA07 OJT/Apprenticeship/ Subsidized Job
8. Job Skills Training/Vocational Education 5QA08 Job Skills Training
9. Job Readiness/Life Skills/Pre-Employment 5QA09 Job Readiness
10. Job Retention Services 5QA10 Job Retention
11. Other (specify): 5QA11 Specify Other Service  
5QA11 Specify other service

**B. Child Support/Parenting/Visitation Needs:**

1. Help with Paternity Establishment 5QB01 Help with Paternity Establishment
2. Help with Establishing a Child Support Order 5QB02 Help with Establishing an Order
3. Help with Modifying a Child Support Order 5QB03 Help with Modifying a Child Support Order
4. Help with Child Support Arrearage 5QB04 Help with Child Support Arrearage
5. Help Establishing/Modifying Visitation Order 5QB05 Help Establishing/Modifying Visitation Order
6. Help Establishing/Modifying Custody Order 5QB06 Help Establishing/Modifying Custody Order
7. Help Dealing with Child Abuse or Neglect 5QB07 Help with Child Abuse
8. Help Establishing a Parenting Plan 5QB08 Help Establishing a Parenting Plan
9. Help Getting to Visit Children 5QB09 Help with Visiting Children
10. Mediation 5QB10 Mediation
11. Parenting Education 5QB11 Parenting Education
12. Other (specify): 5QB12 Specify Other Issues  
5QB12 Specify other issues

**C. Other Service Needs:**

1. Peer Support 5QC01 Peer Support
2. Transportation Assistance 5QC02 Transportation Assistance
3. Child Care Assistance 5QC03 Child Care Assistance
4. Medical/Dental/Vision Exams and Treatment 5QC04 Medical/Dental/Vision Services
5. Substance Abuse Treatment/Counseling 5QC05 Substance Abuse Treatment/Counseling
6. Mental Health Treatment/Counseling 5QC06 Mental Health Treatment/Counseling
7. Vocational Rehabilitation 5QC07 Vocational Rehab
8. Services Related to Anger Management 5QC08 Services Related to Anger Management

**C. Other Service Needs (Continued):**

9. Services Related to Partner Abuse 5QC09 Services Related to Partner Abuse
10. Housing Placement/Assistance 5QC10 Housing Placement/ Assistance
11. Money Management/Budgeting 5QC11 Money Management/ Budgeting
12. Other Legal Assistance 5QC12 Other Legal Assistance
13. Clothing/Work Equipment 5QC13 Clothing/ Work Equipment
14. Help Obtaining an ID Card 5QC14 Help Obtaining ID Card
15. Case Management 5QC15 Case Management
16. Other Advocacy/Referral Services 5QC16 Other Advocacy/ Referral
17. Other (specify): 5QC17 Specify Other Type of Service  
5QC17 Specify other Type of Service

**D. ADDRESS CHANGES****D1. Address Change - Participant**

New Address: A2 Address A2 State  
City: A2 City State: A2 State Zip: A2 Zip  
Home Phone: ( ) A3 Home Phone  
Work Phone: ( ) A4 Work Phone  
Pager Number: ( ) A5 Pager  
E-Mail Address: A6 Email

**D2. Address Change - Contact Person**

Name: 2QA01 Contact #1 Last Name 2QA01 Middle Initial  
2QA01 First Name  
Address: 2QA01 Address 2QA01 State  
City: 2QA01 City State: 2QA01 State Zip: 2QA01 Zip  
Home Phone: ( ) 2QA01 Home Phone  
Work Phone: ( ) 2QA01 Work Phone  
Pager Number: ( ) 2QA01 Pager Number  
Relationship: 2QA01 Relationship

☐ New Contact - Replace Contact: ☐ #1 ☐ #2  
☐ Change in Data on Existing Contact

**E. CASE CLOSING**

- E1. Date Case Closed: 5QE1 Date Closed
- E2. Reason for Termination: 5QE2 Reason Closed
  - ☐ 1. Completed program services
  - ☐ 2. Dropped out/lost track of participant
  - ☐ 3. Moved to another locality
  - ☐ 4. Referred to another program
  - ☐ 5. Terminated for non-compliance
  - ☐ 6. Other: 5QE2 Other Reason

**F. PROJECT STAFF/CASE NOTES**

- F1. Project Staff: 5QF1 Project Staff Date: 5QF1 Date
- F2. Case Notes (continue on reverse side): 5QF2 Case Notes